

JAIPUR VIDYUT VITRAN NIGAM LIMITED

No.JPD/Pers./D-III/F.

/D. 369

Jaipur
March, 16, 09

ORDER

Instructions for reporting electrical accidents, conducting enquiries and timely settlement of compensation in fatal/non fatal accident cases of workmen/publicmen have been issued vide order/circular No. JPD/CE(C)/SE(C)/C-I/F.4(252) D. 553 dated 30.03.05, No. JPD/Pers./D-III/F. 21(360)/D. 773 dated 11.06.02 and No.JPD/Pers/F.21(94)/D.493 dated 12.04.02. It has been noticed that these instructions are not followed properly which results in legal complications and financial burden on the Nigam in the form of imposition of penalty and interest by the Workmens' Compensation Commissioner due to non payment or delayed payment of the amount of compensation to the concerned workmen/dependents.

The Co-ordination Committee in its 124th meeting held on 11.02.09 considered the issue and accorded approval for issuing following instructions for timely reporting of accidents and conducting enquiries in accident cases for strict compliance by all the concerned:-

1. As soon as an electrical accident of a workman (including those engaged through contractor) a publicman or animal takes place, the AEn concerned shall send an intimation through fax within 24 hours regarding occurrence of accident to the following officers in the format at Annexure-A:-

1. Chief Personnel Officer or Head of Personnel Department,
2. Chief Engineer concerned,
3. Superintending Engineer concerned,
4. Executive Engineer concerned
5. Personnel Officer concerned,
6. Executive Engineer (MIS)
7. Chief Electrical Inspector/Electrical Inspector of Govt.
8. Police and District Administration Authorities

This intimation will be followed by report in prescribed form (Annexure-B) within 2 days to the concerned. If the workman concerned was a member of ESI Scheme, an intimation to the local authority of ESI will also be sent in the prescribed form. If the workman was not a member of ESI, intimation regarding fatal accident be sent to the Workmens' Compensation Commissioner in prescribed form.

(1)

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2013.09

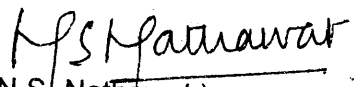
2. In case of minor accident of workman, (including contract labour)/publicman and fatal accident of animal, the Executive Engineer concerned shall start his investigation within 24 hours on receipt of intimation from AEn concerned and send a report, containing his findings to the Superintending Engineer concerned within three days.
3. In case of major/fatal accident of a workman (including contractor labour) or publicman or animal, the Superintending Engineer concerned shall within 24 hours after receipt of intimation of accident depute an Executive Engineer of other Division, Dy. SP (Vig.) and Circle Personnel Officer to conduct detailed enquiry.
4. The officers so deputed shall visit the site of accident immediately and record statements of witness(es)/ concerned employee(s) and take in custody the record of shut down/break down, duty chart of employee(s), copy of post mortem report and FIR etc. They shall send their report to the Circle Superintending Engineer immediately after conducting enquiry, but not later than seven days in any case, clearly indicating the reason of accident and person(s) responsible for the same alongwith site map of accident, statement(s) of witness(es)/concerned employee(s), copy of post mortem and FIR alongwith comments, suggesting remedial measures to prevent such accidents. The Circle PO will act as co-ordinator and ensure finalization of enquiry in prescribed time period.
5. The SE concerned immediately after receipt of enquiry report as per para (2) and (4) above take action for sanction of compensation/exgratia as per rule. Besides, he shall initiate disciplinary action against the person(s) found guilty in enquiry for leading the accident, where he is competent authority and in other cases send the case to the competent disciplinary authority. The SE will also send fortnightly progress report to the concerned CE regarding conducting of enquiries.
6. The CE concerned shall monitor the progress of enquiries and furnish a report to the CMD/MD fortnightly containing there in proposals for initiating disciplinary action against the defaulting officers who failed to conduct enquiry within stipulated time period without justified reasons.
7. The concerned officer s shall maintain registers regarding details of accidents in the prescribed formats (specimen enclosed).

By Order,


(G.R. Sharma)
Chief Personnel Officer

Copy to the following for information and necessary action:-

1. The Chief Engineer (), JVVNL, Jaipur
2. The Zonal/Addl./Dy. Chief Engineer (), JVVNL,
3. The Secretary (Admn.), RVPNL/JVVNL/Jd.VVNL/AVVNL Jaipur./Jodhpur/ Ajmer
4. The Jt. Director Personnel (P&A), RVUNL, Jaipur.
5. The Chief Accounts Officer, JVVNL, Jaipur.
6. The Addl. Superintendent of Police (Vig.), JVVNL, Jaipur.
7. The Superintending Engineer (ITC) JVVNL, Jaipur
8. The Company Secretary, JVVNL, Jaipur.
9. The Sr. Personnel Officer (), JVVNL,
10. The Executive Engineer (), JVVNL,
11. The Sr./Accounts Officer (), JVVNL,
12. The Dy./Assistant Secretary (), JVVNL,
13. The Personnel Officer (), JVVNL,
14. The Assistant Engineer (), JVVNL,
15. The PA to CMD/Director (Tech./Finance), JVVNL, Jaipur
16. The Public Relation Officer, JVVNL, Jaipur.
17. Notice Board.


(N.S. Nathawat)
Personnel Officer (Tech.Estt.)

OFFICE OF ASSISTANT ENGINEER ()
JAIPUR VIDYUT VITRAN NIGAM LIMITED

NO.JPD/AEN/ /F. /D. DATED

The _____

.Sub: Intimation of accident.

1. Dt. and time of accident:
2. Place of accident :
(Village/Town/Tehsil/
Thana/Distt.)
3. Nature (Fatal/non fatal) :
4. Kind of accident :
(Electrical/other)
5. If human being :
 - (i) (Name(s) of victim) :
 - (ii) Age :
 - (iii) Whether deptt. employee/
Contractor's workman/
Publicman)
 - (iv) Designation (in case of
Deptt. employee)
 - (v) Full address (in case of
Publicman)
6. If animal :
 - (i) (description thereof) :
 - (ii) Name & address of owner:
7. Reason of accident (in brief)

**Signature & seal of
Assistant Engineer or any
Authorized persons**

Form for reporting electrical accident.

1. Date and time of accident
2. Place of accident.
(Village/Town/Tehsil/
Thana, Distt. & State)
3. System and voltage of supply (whether Extra
High Voltage (EHV)/High Voltage (HV)
Low Voltage (LV) Line, sub station/generation
station/consumer's installations/service lines/
other installation.
4. Designation of the Officer-In-Charge of
the generating company/licensee in whose
jurisdiction the accident occurred.
5. Name of owner/user of energy in whose
premises the accident occurred.
6. Details of victim(s):-

(a) Human

Sr.No.	Name	Father's name	Sex of victim	Full postal address	Approximate age	Fatal/Non fatal

(b) Animal

Sr.No.	Description of animal(s)	Number(s)	Name(s) of Owner(s)	Address of owner(s)	Fatal/Non fatal

7. In case the victim(s) is/are employee(s) of supplier:-
(a) designation of such person(s)
(b) brief description of the job undertaken, if any;
(c) whether such person/persons was/were allowed to work on the job.
8. In case the victim(s) is/are employee(s) of a licensed contractor.
(a) did the victim(s) possess any electric workmen's permit(s) supervisor's certificate of competency? If yes, given number and date of issue and the name of issuing authority.
(b) name and designation of the person who assigned the duties of the victim(s).
9. In case of accident in the system of the generating company/licensee, was the permit to work (PTW) taken?
10. (a) Describe fully the nature and extent of injuries, e.g., fatal/disablement (permanent or temporary) of any portion of the body or burns or other injuries.
(b) In case of fatal accident, was the post mortem performed?

11. Detailed causes leading to the accident.
(to be given in a separate sheet annexed to this form.)
12. Action taken regarding first aid, medical attendance etc. immediately after the occurrence of the accident (give details).
13. Whether the Distt. Magistrate and Police Station concerned have been informed of the accident (if so, given details).
14. Steps taken to preserve the evidence in connection with the accident to extent possible.
15. Name and designation(s) of the person(s) assisting, supervising the person(s) killed or injured.
16. What safety equipments were given to or used by the person(s) who met with this accident (e.g. rubber gloves, rubber mats, safety belts and ladders etc.)?
17. Whether isolating switches and other sectionalizing devices were employed to deaden the sections for working on the same? Whether working section was earthed at the site of work.
18. Whether the work on the live lines was undertaken by authorized person(s)? If so, the name and the designation of such person(s) may be given.
19. Whether artificial resuscitation treatment was given to the person(s) who met with the electric accident? If yes, how long was it continued before its abandonment?
20. Names and designations of persons present at, and witnessed, the accident.
21. Any other information/remarks.

Place
Time
Date

Signature
Name
Designation
Address of the
person reporting

Register to be maintained at the level of Assistant Engineer regarding accidents of departmental employees
(Including those engaged on muster roll or on contract)

FORMAT-1.1

Sr. No.	Name, Father's Name & Desig. of victim	Date of accident alongwith nature (Fatal/Non-Fatal)	Place of accident	Reason of accident	Whether covered under ESI.	Date & time of giving intimation to concerned authorities	No. & Date of sending accident report in prescribed form	Name of enquiry officer alongwith No. & Date of apptt. order	Name & Desig. of defaulter, if any.	Details of action taken against defaulters	Details of compensation		Dt. of depositing compensation with WCC alongwith cheque/DD No.	Remarks
											Order No. & Date	Amt.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Register to be maintained at the level of Assistant Engineer regarding accidents of contractor's workmen

FORMAT-1.2

Sr. No.	Name & Father's Name of victim	Age and wages	Date of accident alongwith nature (fatal/non fatal)	Place of accident	Reason of accident	Name and address of contractor	Whether covered under ESI	Date & time of giving intimation to concerned authorities	No. & Date of sending accident report in prescribed form	Name of enquiry officer alongwith No. & Date of apptt. order	Name & Desig. of defaulter, if any	Details of action taken against defaulters	Details of compensation		Dt. of depositing compensation with WCC alongwith cheque/DD No.	Remarks
													Order No. & Date	Amt.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Register to be maintained at the level of Assistant Engineer regarding accidents of pupils

FORMAT-1.3

Sr. No.	Name and Father's Name of victim	Address	Date and time of accident alongwith nature (Fatal/Non-Fatal)	Place of accident	Reason of accident	Date & time of giving intimation to concerned authorities	No. & Date of sending accident report in prescribed form	Name of enquiry officer alongwith No. & Date of apptt. order	Name & Desig. of defaulter, if any.	Details of action taken against defaulters	Details of exgratia/compensation			Remarks
											Order No. & date	Amount	Date & mode of payment	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Register to be maintained at the level of Assistant Engineer regarding accidents of animals

FORMAT-1.4

Sr. No.	Description of animal	Name and address of owner.	Date and time of accident alongwith nature (Fatal/Non-Fatal)	Place of accident	Reason of accident	Date & time of giving intimation to concerned authorities	No. & Date of sending accident report in prescribed form	Name of enquiry officer alongwith No. & Date of apptt. order	Name & Desig. of defaulter, if any.	Details of action taken against defaulters	Details of exgratia/compensation			Remarks
											Order No. & date	Amount	Date & mode of payment	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Register to be maintained at the level of Xen concerned regarding accidents													FORMAT-2
Sr. No.	Date and time of receipt of intimation	Date and time of receipt of accident report in prescribed form	Name of Sub Division	Details of Accident								Name of Defaulter if any	Remarks.
				Human/Animal	If human being whether Deptt. Emp./Contractor workman/publicman	Date and time	Fatal/non fatal	Name and father's name of victim/owner	No. & date of sending enquiry report to SE	Reasons of accident			
1	2	3	4	5	6	7	8	9	10	11	12	13	

Register to be maintained at the level of Enquiry Officer (Executive Engineer of other division) regarding accidents															FORMAT-3	
Sr. No.	No. & Dt. Of appointment as Enq. Officer	Date and time of Accident	Nature of accident (fatal/non fatal)	Name of Sub Division	Details of victims								Reason of accident	Name of defaulter, if any	Remedial measures suggested for preventing accidents (in brief)	Remarks
					Human				Animal							
					Name & father's name	Whether Deptt. Employee/contractor workman/publicman	Desig./Address	Description	Name and Address of owner	No. and Dt. of sending enquiry report to SE						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

Register to be maintained at the level of CE concerned regarding accidents of employees/publicmen/animals																FORMAT-5
Sr. No.	Details of victims							Details of compensation		Action taken against defaulters			Remarks			
	Name, father's name & Desig.	Whether Deptt. Employee/contractor workman/publicman	Address	Description	Name & address of owner	Date and nature of accident (fatal/ non fatal)	Name of Sub Division	Name of Enq. Officer alongwith apptt. Order & dt.	No. & Dt. Of sending Enquiry report by EO to SE	Order No. & dt.	Amount	for leading accident		for not reporting accident/ conducting enquiry timely	For not settling compensation timely	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

Register to be maintained at the level of Superintending Engineer regarding accidents of departmental employees
(Including those engaged on muster roll or on contract)

FORMAT-4.1

Sr. No.	Name, Father's Name & Desig. of victim	Date of accident along with nature (Fatal/Non-Fatal)	Name of Sub Division	Whether covered under ESI	Dt. of receipt of information from Aen		Name of enquiry officer along with No & Date of apptt. order	Dt. Of receipt of report from Enquiry officer	Reasons of Accident	Name & Desig. of defaulter, if any	Details of action taken against defaulters	Details of compensation		Dt. of depositing compensation with WCC along with cheque/DD	Remarks
					By Fax	Accident report in prescribed form						Order No. & Date	Amt.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Register to be maintained at the level of Superintending Engineer regarding accidents of contractor's workmen)

FORMAT-4.2

Sr. No.	Name & Father's Name of victim	Age and wages	Date of accident along with nature (fatal/non fatal)	Name of Sub Division	Name and address of contractor	Whether covered under ESI	Dt. of receipt of intimation from AEN		Name of enquiry officer along with No & Date of apptt. order	Dt. of receipt of report from Enquiry Officer	Reason of accident	Name & Desig. of defaulter, if any	Details of action taken against defaulters	Details of compensation		Dt. of depositing compensation with WCC along with cheque/DD No.	Remarks
							By Fax	Accident report in prescribed form						Order No. & Date	Amt.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Register to be maintained at the level of Superintending Engineer regarding accidents of publicmen

FORMAT-4.3

Sr. No.	Name and Father's Name of victim	Address	Date and time of accident along with nature (Fatal/Non-Fatal)	Name of Sub Division	Dt. of receipt of intimation from Aen		Name of enquiry officer along with No & Date of apptt. order	Date of receipt of report from Enquiry Officer	Reasons of Accident	Name & Desig of defaulter, if any	Details of action taken against defaulters	Details of exgratia/compensation			Remarks
					By Fax	Accident report in prescribed form						order No. & date	Amount	Date & mode of payment	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Register to be maintained at the level of Superintending Engineer regarding accidents of animals

FORMAT-4.4

Sr. No.	Description of animal	Name and address of owner	Date and time of accident along with nature (Fatal/Non-Fatal)	Name of Sub Division	Dt. of receipt of intimation from AEN		Name of enquiry officer along with No & Date of apptt. order	Date of receipt of report from Enquiry Officer	Reason of accident	Name & Desig. of defaulter, if any.	Details of action taken against defaulters	Details of exgratia/compensation			Remarks
					By Fax	Accident report in prescribed form						order No. & date	Amount	Date & mode of payment	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16